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LAW OFFICES OF
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FACSIMILE COVER SHEET

To: United States Patent & Trademark Office
Technology Center 1700, Group Art Unit 1765
Examiner: Binh K. Tran

Re: Office Action Response

Pages including cover sheet: 13

TEL No.: (703) 308-1667
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I hereby certify that the correspondence and/or pages referred to herein
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Trademark Office via facsimile to (703) 872-8306, Attn: Commissioner for
Patents, P.O. Box 1400, Alexandria, VA 22304-1400, on January 14, 2004.
Signed: *[Signature]*
Name: Binh K. Tran

Application No. : 09732,610
Applicant: : Michael S. Lacy
Filed: : December 27, 2000
Title: : METHOD FOR MANUFACTURING A
: RECLAIMABLE TEST PATTERN WAFER
: FOR CMP APPLICATIONS
TCA.U. : 1765
Examiner : Tran, Binh K.
Atty. Docket No. : LAM2P221
Date : January 14, 2004

Attached to this facsimile transmittal are the following documents:

- Transmittal (1 page, in duplicate)
- Amendment (10 pages)

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To: United States Patent & Trademark Office
Technology Center 1700, Group Art Unit 1765
Examiner: **Binh X. Tran**

Re: Office Action Response

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Signed: 

Neely J. Entwistle

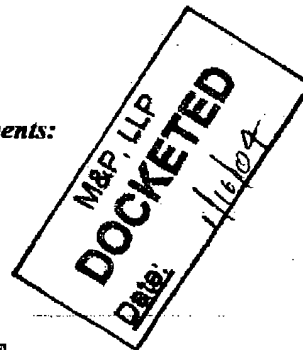
Application No. : 09/752,610
Applicant: : Michael S. Lacy
Filed: : December 27, 2000
Title: : METHOD FOR MANUFACTURING A
: RECLAIMABLE TEST PATTERN WAFER
: FOR CMP APPLICATIONS

TC/A.U. : 1765
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/752,610
Applicant: : Michael S. Lacy
Filed: : December 27, 2000
Title: : METHOD FOR MANUFACTURING A
: RECLAIMABLE TEST PATTERN WAFER
: FOR CMP APPLICATIONS

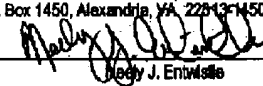
TC/A.U. : 1765
Examiner : Tran, Binh X.

Atty. Docket No. : LAM2P221
Date : January 14, 2004

☐ Duplicate for
fee processing

Commissioner for Patents
Alexandria, VA 22313-1450

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Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 14, 2004.

Signed: 
Peggy J. Entwistle

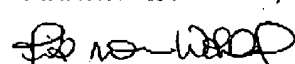
Sir:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	18 -	23	0	X09 = \$	OR	X18 = \$
INDEP CLAIMS	05 -	05	0	X42 = \$	OR	X84 = \$
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$140		\$280
			TOTAL	\$		\$ 0

- ☐ Applicant hereby petition for a _____ month extension of time to respond to the outstanding Office Action.
- ☒ Applicant believes that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the extension of time fee.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. LAM2P221). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP


Rick von Wohld, Esq.
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